

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4271 HIGH STREET AYDEN, NC 28513		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Biennial Survey on March 5, 2015. The survey began at 11:00am and concluded at 12:15pm. DHSR records indicate the home was first licensed on June 1, 1973 as a Family Care Home for five ambulatory Residents. On March 28, 2011 the home was granted a capacity increase from five to six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1971 "Minimum and Desired Standards and Regulations (Adult) Family Care Homes (With a capacity of 2-5)" and the applicable portions of the 2005 "Rules 10A NCAC 13G for Family Care Homes", and the 2009 North Carolina State Building Code - Section 421.2 -Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: FIRE AND SANITATION INSPECTIONS	C 117		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4271 HIGH STREET AYDEN, NC 28513		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 117	Continued From page 1 1) Our files indicate that the facility has had no inspections for fire and sanitation since 2007. If these inspections have been completed, please provide to our office copies of the facility's the most recent (2013 or 2014) fire and sanitation inspection reports. If these inspections have not been completed, the provider must schedule them and have them completed within thirty (30) days from the date of the report.	C 117		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: REAR FULL BATHROOM 1) The bathroom sink countertop has pulled away from the wall. Contact a qualified technician to secure the sink countertop to the wall. Provide documentation to our office when completed. 2) There is a section of the textured ceiling is peeling away at the light fixture. Contact a qualified technician to repair that section of ceiling and repaint to match the existing. Provide documentation to our office when completed. 3) In the tub, the faucet handle that operates the shower is not installed on the stem. Contact a qualified technician to make the necessary	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4271 HIGH STREET AYDEN, NC 28513		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Continued From page 2</p> <p>repairs to the shower faucet handle or replace the faucet handle. Provide documentation to our office when completed.</p> <p>4) Along the wall beside the toilet, there is an open area that appears to be the floor vent that is covered with a pieces of floor tile. There is no vent grille installed. Contact a qualified technician to install a vent grille. Provide documentation to our office when completed.</p> <p>5) In the tub, the installed hand grip is loose. Contact a qualified technician to tighten the hand grip. Provide documentation to our office when completed.</p> <p>LAUNDRY ROOM</p> <p>1) Behind the washer and the dryer, the wall has sections of damaged tile. Contact a qualified technician to remove the damaged sections of tile and replace with new ones. Provide documentation to our office when completed.</p> <p>2) On the ceiling above the water heater vent stack, the textured ceiling appears to be stained and some sections are peeling away. Contact a qualified technician to treat the ceiling with an approve stain blocker and repair the peeling sections. Provide documentation to our office when completed.</p> <p>3) The floor in the laundry room is severely spongy in front of the washer and dryer. Contact a qualified technician to remove the existing floor covering, the subfloor and replace the damage flooring. Provide documentation to our office when completed.</p> <p>4) The light fixture in the laundry room did not have a globe. Have a globe installed. Provide</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4271 HIGH STREET AYDEN, NC 28513		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Continued From page 3</p> <p>documentation to our office when completed.</p> <p>DINING ROOM</p> <p>1) The dining room ceiling has a large crack directly above the residents ' dining table that has buckled and extends from wall to wall. Contact a qualified technician to remove the damage section of ceiling and repair as necessary. Provide documentation to our office when completed.</p> <p>ATTIC</p> <p>1) The attic steps are damaged at the top. The damaged steps are loose and are being held together by a couple of screws that appear not to support anyone that has to access the attic area. Contact a qualified technician to repair the damaged steps or replace the entire attic access steps. Provide documentation to our office when completed.</p> <p>RESIDENTS BEDROOMS</p> <p>1) In the rear bedroom to the left of the full bathroom, the rear window will not stay in the up position when opened. Contact a qualified technician to make the necessary repairs to the window or replace the window. Provide documentation to our office when completed.</p> <p>2) In the bedroom to the right of the attic access, the window that faces the open field will not stay in the up position when opened. Contact a qualified technician to make the necessary repairs to the window or replace the window. Provide documentation to our office when completed.</p> <p>KITCHEN</p> <p>1) The kitchen range hood filters are extremely greasy and must be replaced. Contact a qualified</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL074039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER CLEMMIE'S FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4271 HIGH STREET AYDEN, NC 28513		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 4 technician to install new filters or replace the hood. Provide documentation to our office when completed. OUTSIDE REAR 1) Contact someone to clean the rear yard of all trash and other debris. Provide documentation to our office when completed.	C 174		